CLAIMS ONLY

Application Number	Filing Date
10/668324	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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30							80						
31							81						
(32)							82						
33							83						
34							84						
(35)							85						
36							86						
37							87						
(38)							88						
(39)							89						
40							90						
41							91						
42							92						
43							93						
(44)							94						
(45)							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						